



# 2000 HOMEOWNER ASSISTANCE CLAIM BOOKLET

## *Are You Eligible?*

File a claim if:

You met **any** of the following on  
December 31, 1999:

- 62 years of age or older;
- Blind; or
- Disabled; **and**

You meet **all** of the following requirements:

- You owned and lived in your own home on December 31, 1999;
- Your total household income for 1999 was \$33,993 or less; and
- You are a United States citizen, a designated alien, or qualified alien when you file your claim.

You may qualify for Homeowner Assistance even though you are not required to file a state income tax return.

## Free Help

Free assistance is available between May 15 and August 31.

If you need help completing the claim form in this booklet, please see page 2 and page 20.

## Asistencia Gratis en español:

Asistencia gratis bilingüe en español se describe en la pagina 20 de este folleto.

## Members of the Franchise Tax Board

Kathleen Connell, Chair

Dean Andal, Member

B. Timothy Gage, Member

C A L I F O R N I A

# Homeowner Assistance

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## Free Assistance

A statewide volunteer assistance program provides free assistance between May 15 and August 31 for completing your claim form. Call the Franchise Tax Board at (800) 338-0505, your local Senior Citizens Information and Referral Service, or your state legislator's office for the Homeowner and Renter Assistance (HRA) volunteer site nearest you. You may also view the Franchise Tax Board Internet website (updated daily) at: **[www.ftb.ca.gov](http://www.ftb.ca.gov)**

If you need information to complete your claim form or to find out about your assistance check, call the telephone number listed above. You may also get information and receive assistance at any of the Franchise Tax Board field offices listed below.

Field Office	Address
Bakersfield .....	1800 30th Street
Burbank .....	333 N. Glenoaks Boulevard
Fresno .....	2550 Mariposa Street
Long Beach .....	4300 Long Beach Boulevard
Los Angeles .....	300 South Spring Street
Oakland .....	1515 Clay Street
Sacramento .....	3321 Power Inn Road
San Bernardino .....	464 West 4th Street
San Diego .....	5353 Mission Center Road
San Francisco .....	455 Golden Gate Avenue
San Jose .....	96 North Third Street
Santa Ana .....	600 West Santa Ana Boulevard
Santa Rosa .....	50 D Street
Stockton .....	31 East Channel Street
Ventura .....	4820 McGrath Street
West Covina .....	100 North Barranca Street

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## Letters

If you need to write to us, send your letter (but not your claim form) to:

FRANCHISE TAX BOARD  
PO BOX 942886  
SACRAMENTO CA 94286-0940

Include your social security number and your daytime and evening telephone numbers in your letter. We will acknowledge receipt of your letter within six to eight weeks. In some cases, we may need to call you for additional information.

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## Forms

If you have Internet access, you may download, view, and print claim forms and publications. Go to our website at: [www.ftb.ca.gov](http://www.ftb.ca.gov)

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## What's New

### **Total Household Income Limits Increase**

The maximum total household income you could have had in 1999 and still be eligible to file for claim year 2000 increased from \$33,132 to \$33,993. For details, see "Who May File a Homeowner Assistance Claim Form" on the next page.

### **Private Mailbox (PMB) Numbers**

If you lease a mailbox from a private business rather than from the United States Postal Service, enter your box number in the field labeled "PMB no."

### **Preparer Tax Identification Number (PTIN)**


This filing season tax professionals will have the option of providing their individual Social Security Number (SSN) or Preparer Tax Identification Number (PTIN) on claims they prepare. The alternative number can be used in lieu of an SSN beginning January 1, 2000. Preparers who want a PTIN must complete and submit federal Form W-7P, Application for Preparer Tax Identification Number, to the IRS.

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## Commonly Asked Questions

### **Where Do I Call For Help? (800) 338-0505**

Information about the Homeowner Assistance Program is available 24 hours a day, 7 days a week by calling our Toll-Free Phone Service at (800) 338-0505. Refer to the back cover of this booklet for the list of codes for commonly asked questions. Select Homeowner and Renter Assistance, then General Information, and enter the three-digit code when instructed. Have a pencil and paper ready to take notes.

In addition, you will see a phone symbol  in the margin next to some paragraphs in this instruction booklet. The number below the phone symbol is the code for recorded information on that topic.

### **What is Homeowner Assistance?**

Homeowner assistance is a once-a-year payment from the State of California based on part of the property taxes assessed and paid on your home. Eligible homeowners may receive up to 96% of the property taxes paid in 1999 (see page 18). The maximum assistance payment allowed is \$326.40.





### **Who May File a Homeowner Assistance Claim Form?**

You may file a 2000 Homeowner Assistance Claim form if you met any of the following on December 31, 1999:

1. 62 years of age or older;
2. Blind; or
3. Disabled, and meet **all** of the following:
  - Owned and lived in your home in California on December 31, 1999. A home may include a condominium, "own-your-own" apartment or a mobile home taxed as property;
  - Had total household income of \$33,993 or less in 1999;
  - Had gross household income of \$61,806 or less in 1999. Gross household income is total household income (form FTB 9000, Homeowner Assistance Claim, line 20) plus all non-cash business expenses such as depreciation, amortization, and depletion; and
  - Are a United States citizen or a designated alien (see page 19), including a qualified alien, when you file your claim.



The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the Act) requires that payments for homeowner and renter assistance claims be distributed only to United States citizens and certain designated aliens, including qualified aliens. To apply for these benefits, you must provide a declaration stating your citizenship or alien status. Completing form FTB 9000, line 1 and line 2 and signing the form when you get to Step H provide the required declaration of your citizenship or alien status.

The Franchise Tax Board may request additional documentation or evidence to substantiate your declared status. The Act authorizes the Franchise Tax Board to compare information with the Federal Immigration and Naturalization Service (INS) to verify the immigration status you declare. Applicable regulations also provide that information concerning aliens who cannot prove their declared alien status, after being provided an opportunity to do so, shall be reported to the INS.

**Note:** You may file only one claim per household each year. Only one owner-claimant is entitled to payment per year. When two or more individuals of a household meet the qualifications, they should decide who will file the claim.



### **When Should You File Your 2000 Claim?**

You should file your claim after May 15, 2000, and on or before August 31, 2000.

### **What if You Do Not File Your 2000 Claim on or Before August 31, 2000?**

You can still file a 2000 claim, but you must file it by June 30, 2001. The statewide volunteer assistance program provides free assistance in completing your form only between May 15 and August 31.



### **Can I File an Assistance Claim for Past Years?**

You have until June 30, 2000 to file a claim for 1999. All other prior claim years that are filed will be denied unless you were medically incapacitated. If a medical incapacity prevents you from filing your current or past claim, you must file the claim by the earliest of the following dates:

- Within six months after your medical incapacity ends; or
- Within three years of the end of the fiscal year for which you wish to claim the assistance. For example, for claim year 2000, you will need to file by June 30, 2003.

There are no other exceptions that would allow you to file a claim for past years.



### **When Will Homeowner Assistance Checks be Mailed?**

Most homeowner assistance checks will be mailed before October 31, 2000, if the required documents are attached to your claim and your claim form is complete. See page 12 for a list of the required documents.

**Please wait 15 weeks from the date you filed your claim before you call us about your assistance check.** It may take up to 15 weeks to process your claim. If you call before we have processed your claim, we will not have information about your check.

If your claim form is not complete, you may receive a phone call from the Franchise Tax Board. If we are unable to contact you by phone, a letter requesting additional information may be sent.

### **Death of Claimant**

#### **If the date of death is on or before January 1, 2000:**

No person may file a claim on behalf of a person who died on or before January 1, 2000.

#### **If the date of death is on or after January 2, 2000:**

Only the surviving spouse of an eligible claimant who died on or after January 2, 2000 and did not file a claim may file a claim on behalf of him or her. However, if you are eligible to file your own claim, you should file your own claim instead of filing on behalf of your deceased spouse.

Assistance attributable to a deceased claimant may not be paid to a person who is not a United States citizen or who is not described in the Eligibility Code Chart for Noncitizens on page 19.

### **Before You Begin**

Make sure you have form FTB 9000, 2000 Homeowner Assistance Claim.

Gather **all** of your 1999 income records. You will also need a copy of your 1999/2000 property tax bill.

### **Step-by-Step Instructions**

We provide step-by-step instructions to help you complete your form FTB 9000. Fill in only those lines that apply to your situation. If you need information or forms that are not included in this booklet, see the back cover.

# Step-by-Step Instructions for Completing the Claim Form

Form 9000, 2000 Homeowner Assistance Claim, is on page 15 of this booklet.

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## STEP A Name, Address, and Social Security Number

**If your booklet does not have a label on the front:**

Print in ink or type your full name, address, and social security number (if married, include your spouse's full name and social security number) in the spaces provided at the top of form FTB 9000.

**If your booklet has a label on the front:**

Peel the label off of the front of your booklet and place it on the name and address area in Step A of form FTB 9000, then enter your social security number (if married, also enter your spouse's social security number) in the spaces provided.

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## STEP B Filing Status

### Line 1 – Citizenship or Alien Status

Are you a United States citizen?

**Yes.** Check "Yes" on line 1, skip line 2 and go to line 3.

**No.** Check "No" on line 1 and go to line 2.

### Line 2 – Benefit Eligibility for Noncitizens

Use the chart on page 19 to find the benefit eligibility code that matches your alien status. Then enter your alien status code on line 2a, alien registration number on line 2b, and date of entry to the United States on line 2c.

If your alien status is not included in the Eligibility Code Chart for Noncitizens on page 19, you cannot receive homeowner or renter assistance benefits.

### Line 3 – Date of Birth

Enter the month, day, and year of your birth on line 3.

**Example:** If you were born on May 21, 1922, you would enter 0/5/2/1/1/9/2/2 on line 3.

### Line 4a – 62 or Older

If you were 62 or older on December 31, 1999, regardless of blindness or disability, check the box A. If you filed a claim form last year as blind or disabled and turned 62 during 1999, you must file as 62 or older by checking box A then go to line 5.



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### Proof of Age

If you were at least 62 years old on December 31, 1999, and received Supplemental Security Income (SSI), you do not need to send a proof of age document with your claim form. Your signature in Step H allows the Franchise Tax Board to verify your age with the Department of Health Services.

If you do not receive SSI, you must send a proof of age document for the first year you file as 62 years old or older. The proof of age document will become a permanent part of your record.

Attach a copy (do not send original documents) of **one** of the following:

- Birth certificate;
- Medi-Cal Benefits Identification Card (BIC);
- Hospital birth record;
- Church baptismal record; **or**
- Social security award letter that states your date of birth.



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If you do not have any of the above documents, you should send a **copy** of any document that proves that you were 62 or older on December 31, 1999. Explain the document and how it proves your age.

**Do not send your original Medi-Cal Benefits Identification Card as proof of age.**

**We cannot accept the following documents as proof of age:**

- A copy of a California driver's license or identification card; or
- A Medicare card issued after June 30, 1973.

**Line 4b – Under 62 and Blind**

If you were blind but less than 62 years old on December 31, 1999, check box B then go to line 5.

You are considered blind if you have a statement from a doctor that says you have either:

- Central vision acuity (sharpness of vision) of no more than 20/200 with correction; or
- Tunnel vision, which is a limited visual field of no more than 20 degrees.

**Line 4c – Under 62 and Disabled**

If you were disabled but less than 62 years old on December 31, 1999, check box C. If you were blind, check only box B. Then go to line 5.

You are considered disabled if you are unable to engage in any substantial gainful activity because of a physical or mental impairment that is expected to last for a continuous period of 12 months or longer. Further, you are considered to be disabled only if the physical or mental impairment is so severe that you are not only unable to do your previous type of work, but also cannot do **any** kind of substantial gainful work considering age, education, and work experience.

**Proof of Blindness or Disability**

- Proof of blindness or permanent disability is required only the first year you file a homeowner assistance claim. You will not need to send proof again as long as your condition remains the same.
- Proof of temporary disability is required each year that you file a homeowner assistance claim.



If you receive SSI, you do not need to send a document with your claim form to prove your blindness or disability. Your signature in Step H allows the Franchise Tax Board to verify your blindness or disability with the Department of Health Services.

**Exception:** If you received an SSI payment decision but have not received any payments yet, send a copy of the SSI decision.

If you do not receive SSI, you must provide a statement of blindness or disability signed by a registered optometrist or physician on the optometrist's or physician's letterhead. **You must submit the original statement (not a copy).** The statement must include the dates and nature of the blindness or disability. You may also send a **copy** of your Medicare card if you were receiving social security as a blind or disabled person on December 31, 1999. If you do not have a Medicare card, you may send a copy of your social security award letter.

**We cannot accept your Medi-Cal Benefits Identification Card as proof of blindness or disability.**

## STEP C Property Information

### Line 5 – Own and Live in Home



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You must have owned **and** lived in your home in California on December 31, 1999. A home may include a floating home or houseboat, your own condominium, “own-your-own” apartment or mobile home taxed as property. If you pay a vehicle-type tax on your mobile home to the Department of Housing and Community Development, you may file **a** claim for **either** homeowner assistance or for renter assistance. You may not file claims for both.

### Line 5a – Full Value

Enter the full value of your property on line 5a. The full value of your property is the value of your property as shown on your 1999/2000 property tax bill, less the homeowner’s or veteran’s exemption. This may also be identified as full cash value or full market value.

**Note:** Homeowner assistance is granted **only** on the first \$34,000 of the full value as shown on your property tax bill. Assistance will not be allowed on that part of the full value (after homeowner’s or veteran’s exemption) of a residential dwelling that is more than \$34,000.

### Line 6 – Personal Use

If your property was used entirely for your personal use in 1999, check “No” and go to line 7. If you use part of your property for rental and/or business purposes, check “Yes” and enter your best estimate of the percentage of your property devoted to your personal use on line 6a. The percentage of your property you use as your home may be figured by the number of rooms, square footage, or any similar measure. For example, if you have five rooms in your home, use three rooms for your personal use and rent the other two rooms, your percentage of personal use would be figured this way:

$$\frac{3 \text{ rooms personal use}}{5 \text{ rooms total}} = 60\% \text{ personal use}$$

If you check “Yes,” you must complete line 12 and/or line 13.

### Line 7 – Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 1999 by checking “Yes” or “No.” If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

Enter 100% as your percentage of ownership if the name(s) listed on your 1999/2000 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

- Parents;
- Children or their spouses;
- Grandchildren or their spouses; or
- A person living in your home.

**Note:** Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

Complete the following worksheet only if there are owners on your 1999/2000 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet, go to line 7 of form FTB 9000 and enter your percentage of ownership.

1. Total number of owners listed on your 1999/2000 property tax bill . . 1. \_\_\_\_\_



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2. Number of owners, other than those listed on page 8 who did not live with you during the period January 1, 1999, through December 31, 1999 ..... 2. \_\_\_\_\_
3. Subtract line 2 from line 1 ..... 3. \_\_\_\_\_
4. Divide line 3 by line 1. This is your percentage of ownership of the home. Enter this percentage on form FTB 9000, line 7 ..... 4. \_\_\_\_\_
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## **STEP D     1999 Income of You and Your Spouse**

You must show your total household income for the entire 1999 calendar year. **If you are married and lived with your spouse, also include the income your spouse received.**

**Line 8 – Social Security/Railroad Retirement**

Enter the total **yearly** amount of social security (including the amount deducted for Medicare premiums) and railroad retirement you and your spouse received, regardless of its source or taxability.

**Line 9 – Interest/Dividends**

Enter the total **yearly** amount of interest and dividends you and your spouse received, regardless of source or taxability.

**Line 10 – Pensions/Annuities**

Enter the total **yearly** amount of pensions and annuities you and your spouse received. Include your disability retirement payments and IRA distributions, regardless of source or taxability.

**Line 11 – SSI/SSP, AB, and ATD**

Enter the total **yearly** amount of:

- SSI/SSP (Supplemental Security Income/State Supplemental Plan);
- AB (Aid to the Blind); and
- ATD (Aid to the Totally Disabled).

**Note:** These payments are often called “Gold Checks.”

Do not include Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC).

Homeowner assistance will not be included as income or resources in determining the amount of public assistance payments to which you are entitled. Therefore, payments or assistance you or your spouse receive, such as food stamps, Temporary Assistance for Needy Families, SSI/SSP, or payment for homemaker/chore services will not be reduced as a result of filing this claim.

**Line 12 – Rental Income (or Loss)**

Enter the amount of net rental income (or loss). Provide the income or loss from your federal Schedule E or California Schedule CA. If you did not complete the federal Schedule E or California Schedule CA, provide the income or loss amount from any supporting document.

If you checked “Yes” on line 6, you must complete line 12 and/or line 13.

**Line 13 – Business Income (or Loss)**

Enter the amount of net income (or loss) from your business. You may use the amounts from your federal Schedule C or C-EZ (Form 1040), Profit or Loss From Business, for business income (or loss), or federal Schedule F (Form 1040), Profit or Loss From Farming, for farm income (or loss).

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If you checked "Yes" on line 6, you must complete line 12 and/or line 13.

**Line 14 – Gain (or Loss) From the Sale of Assets**

Enter the amount of income (or loss) from the sale of assets. You may use California Schedule D, Capital Gain or Loss Adjustment, to figure California gain or loss (not the adjustment). The maximum deductible net loss from the sale of capital assets is \$3,000. Examples of capital assets are stocks and bonds.

You may use California Schedule D-1, Sales of Business Property, to figure net ordinary income or loss on the sale of business property.

**Line 15 – Other Income (Including Wages)**

Enter the total **yearly** amount of other income received by you and your spouse during 1999. Some of the types of income that you must include on line 15 are:

- Wages;
- Alimony received;
- Life insurance proceeds to the extent they exceed the expenses incurred for the last illness and funeral of a deceased spouse or the claimant;
- Veteran's benefits;
- Unemployment insurance benefits;
- Worker's compensation for temporary disability (amounts for permanent disability must be entered on line 11);
- Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick-leave payments);
- Military compensation (including nontaxable military compensation);
- Scholarships and fellowship grants;
- Nontaxable gain from the sale of a residence;
- California lottery winnings in excess of \$600 in 1999; 100% of other lottery winnings;
- Gifts and inheritances (including noncash items) in excess of \$300, except between members of the household;
- Amounts received from an estate or trust that were not included on any other line;
- Amounts contributed by or on behalf of the claimant to a tax sheltered retirement plan or deferred compensation plan;
- The amount of alternative minimum taxable income in excess of your regular taxable income, if you were required to pay alternative minimum tax on your 1999 California income tax return; and
- Public assistance and relief, other than as excluded below.

Types of income that you must **not** include on line 15 are:

- Temporary Assistance for Needy Families;
- Foster care payments;
- Federal heating rebates;
- Utility company refunds or assistance;
- Medicare or Medi-Cal reimbursements for medical expenses; and
- Homeowner or renter assistance payments.

**Line 16 – Subtotal**

Add line 8 through line 15.

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## **STEP E      Income of Other Household Members**

**Line 17 – Income of Other Household Members**

Enter the total amount of income received by any person who lived with you in your home during 1999 who is not your spouse, a minor, a student, or a renter. Only enter

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income they received while living in your home during 1999. Include all types of income received as listed in the instructions for line 8 through line 15.

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## **STEP F      Total Household Income**

### **Line 18 – Subtotal**

Add line 16 and line 17.

### **Line 19 – Adjustments to Income**

You may deduct the following from your income:

- **Individual Retirement Arrangement Deduction** – Deduct your deductible contribution to an Individual Retirement Account (IRA), Keogh (HR 10), Simplified Employee Plan (SEP), or Savings Incentive Match Plans for Employees (SIMPLE).
- **Student Loan Interest Deduction** – Deduct the amount allowed for California personal income tax.
- **Medical Savings Account (MSA) Deduction** – Deduct the amount you contributed to an MSA.
- **Moving Expenses** – Deduct allowable moving expenses that were not reimbursed by your employer.
- **Self-employment tax deduction** – Deduct one-half of your self-employment tax imposed for the taxable year.
- **Self-employed health insurance deduction** – Deduct the amount allowed for California personal income tax.
- **Forfeited interest penalty on early withdrawal of savings** – Deduct the penalty charged for premature withdrawal from a savings account.
- **Alimony paid** – Deduct court-ordered alimony payments.

Attach the appropriate form or a schedule explaining each adjustment to income.

You may **not** subtract these items from your household income:

- Mortgage payments
- Utilities
- Repairs
- Taxes (other than self-employment tax);
- Fees;
- Medical bills; and
- Interest paid on loans (other than interest on qualified education loans).

### **Line 20 – Total Household Income**

Subtract line 19 from line 18. Enter the result on line 20. If the amount on line 20 is **more** than \$33,993, STOP. You do **not** qualify for homeowner assistance.

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## **STEP G      Property Tax Paid and Homeowner Assistance Claimed**

### **Line 21 – Property Tax for 1999/2000**

Enter the total tax (after homeowner's or veteran's exemption) from your 1999/2000 property tax bill. **Do not include payments for special or direct assessments, including improvement bonds or charges for services.** The maximum amount of property taxes claimed on your homeowner's claim cannot exceed one percent of the full value of the property.

You **must** attach a copy of your 1999/2000 property tax bill, a tax status report, or a Cooperative Housing Property Tax Statement to your claim.

If you are a mobile home owner, you **must** include a copy of the Registration Renewal Billing Notice issued by the Department of Housing and Community Development.

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**Line 22 – Homeowner Assistance Claimed**

The amount of homeowner assistance you will receive will be figured for you. You **do not** have to complete this line. If you wish to figure the amount of assistance, see “Worksheet to Figure the Amount of Homeowner Assistance” on page 14.

**Note:** The law provides that no payment is allowed if the amount of allowable assistance is \$5 or less.

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**STEP H Signature, Date, and Telephone Number****Authorization**

If you receive SSI, the Franchise Tax Board can verify with the Department of Health Services that you meet the age, disability, or blindness requirement. This helps us process your claim faster. In addition, other eligibility criteria may be verified with the Department of Health Services and other state or federal agencies.

**Declaration**

Your signature on form FTB 9000, Step H, is also your declaration of your alien or citizenship status.

**Sign and Date Your Claim Form**

**You must sign and date your claim form** in the space provided. You may sign by making a mark in front of a witness. The word “witness” and the witness’s signature **must** be entered after your mark. If you are filing on behalf of a deceased spouse, print “Surviving Spouse” after your signature. See instructions for Death of Claimant on page 5.

**Enter Your Telephone Number**

Your telephone number is important. If the need arises, we can provide you with faster and more complete service if we can contact you by telephone rather than in writing.

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**Review and Mail Your Claim Form****Review Your Claim Form**

Review your claim form to make sure it is complete and correct. Be sure to include any copies of documents that were requested in the instructions (see list below). If the required documents are not attached to your claim form, your check will be delayed until the Franchise Tax Board receives and processes the missing documents.

Attach copies of the following required documents that apply to your claim:

- Proof of age (required for the first year you file as 62 or older (see page 6 for additional information));
- Proof of blindness or permanent disability (required for the first year you file as blind or permanent disabled);
- Proof of temporary disability (required each year you file as disabled) and;
- Your property tax bill (except for Tenant-Stockholders).

Keep the following documents that apply to your claim for your records (do not send in unless you are specifically requested to do so).

- If you have rental income (or loss), business income (or loss), capital gains (or loss) or adjustments to income, a complete copy of your 1999 federal Form 1040 along with the supporting schedules;
- If the claim is signed by someone acting as an Attorney in Fact, a copy of the Power of Attorney;
- If you do not own your home but have a possessory interest, a copy of the document granting you a possessory interest;

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- If your residence is a mobile home, a copy of your current Certificate of Title and/or registration card and a copy of your property tax bill;
  - If your property is held in a trust, a copy of the Certification of Trust, or the date of execution of the trust instrument, the identity of the settlor(s), current acting trustee(s), whether it is a revocable trust, and the trust identification number; and
  - If you live in a mobile home, a copy of the Registration Renewal Billing Notice issued by the Department of Housing and Community Development.

### **Mail Your Claim Form**

Mail your claim form and attached documents to:

FRANCHISE TAX BOARD  
PO BOX 942886  
SACRAMENTO CA 94286-0904

In most cases, homeowner assistance checks will be mailed before October 31, 2000.

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## **Privacy Act Notice**

The Information Practices Act of 1977 and the Federal Privacy Act require that the following information be provided to individuals who are asked to supply information:

The official who is responsible for maintaining the information is the Director, Processing Services Bureau. Address your correspondence to:

DIRECTOR, PROCESSING SERVICES BUREAU  
FRANCHISE TAX BOARD  
PO BOX 942840  
SACRAMENTO CALIFORNIA 94240-1040.

Telephone number:

- Within the United States ..... (800) 338-0505
- Outside the United States ..... (916) 845-6600

The Revenue and Taxation Code requires every person claiming benefits under the Homeowner and Renter Assistance Program to make a claim according to the forms and regulations prescribed by the Franchise Tax Board (Sections 20501 through 20646 and the Regulations pertaining thereto). Individuals making claims or providing statements or other documents are required to include their social security numbers to ensure proper identification and to permit processing of the claims. (See also Section 205(c)(2) of the Federal Social Security Act as amended by Section 1211 of the Federal Tax Reform Act of 1976.)

The principal purposes for requesting information are to permit the department to properly respond to homeowner and renter assistance claims and other communications and to determine the validity of claims. Filing a claim for assistance is voluntary. However, if a claim is filed, the applicant must complete the form and provide all requested information for the claim to be considered. Assistance shall not be allowed based on incomplete or inaccurate claims.

As authorized by law, information furnished on the form may be transferred to the federal Immigration and Naturalization Service and to the following governmental agencies and officials of the State: Board of Control, Board of Equalization, Department of Finance, Office of the State Controller, Auditor General, and Legislative Analyst. An individual has a right of access to records containing his/her personal information that are maintained by the Franchise Tax Board.



# Worksheet to Figure the Amount of Homeowner Assistance

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you.

**Complete only if the full value of your property as shown on your 1999/2000 property tax bill is more than \$34,000 after subtracting your homeowner's or veteran's exemption.**

1. Enter the full value shown on form FTB 9000, line 5a ..... 1. \$ \_\_\_\_\_
2. Divide \$34,000 by the amount on line 1 above (100% maximum) ..... 2. \_\_\_\_\_ %

**Complete only if your property is used for rental and/or business purposes as well as for your home.**

3. Enter the percentage of your home devoted to your personal use shown on form FTB 9000, line 6a ..... 3. \_\_\_\_\_ %

**Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren (or their spouses) of you or your spouse) listed on your property tax bill who do not live in your home.**

4. Enter the percentage of your ownership shown on form FTB 9000, line 7 ..... 4. \_\_\_\_\_ %

**Figure the amount of homeowner assistance.**

5. Enter the property tax for 1999/2000 shown on form FTB 9000, line 21 ..... 5. \$ \_\_\_\_\_
6. Enter the lowest percentage from line 2, line 3, or line 4 above.  
Enter 100% if line 2, line 3, and line 4 are blank ..... 6. x \_\_\_\_\_ %
7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount or \$340.00 whichever is smaller ..... 7. \$ \_\_\_\_\_
8. Find your total household income on the schedule below and enter the percentage of assistance here ..... 8. x \_\_\_\_\_ %
9. Homeowner assistance. Multiply the amount on line 7 by the percentage on line 8. Enter this amount on form FTB 9000, line 22 ..... 9. \$ \_\_\_\_\_

## Homeowner Assistance Schedule

If your total household income is		Your percentage of assistance is	If your total household income is		Your percentage of assistance is
From	To		From	To	
\$0	\$8,498	96%	18,698	19,263	41%
8,499	9,065	94%	19,264	19,830	37%
9,066	9,631	92%	19,831	20,396	34%
9,632	10,198	90%	20,397	20,962	31%
10,199	10,765	88%	20,963	21,530	28%
10,766	11,331	86%	21,531	22,096	25%
11,332	11,897	84%	22,097	22,662	22%
11,898	12,464	82%	22,663	23,229	20%
12,465	13,031	80%	23,230	23,795	18%
13,032	13,598	78%	23,796	24,362	16%
13,599	14,164	76%	24,363	24,929	14%
14,165	14,730	73%	24,930	25,495	12%
14,731	15,297	69%	25,496	26,912	10%
15,298	15,864	65%	26,913	28,328	8%
15,865	16,430	61%	28,329	29,745	7%
16,431	16,997	57%	29,746	31,161	6%
16,998	17,563	53%	31,162	32,578	5%
17,564	18,129	49%	32,579	33,993	4%
18,130	18,697	45%	33,994	And Over	0%



9000

**Use the peel-off label. Otherwise, please print or type.**

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER										
						+			+				
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER										
						+			+				
PRESENT HOME ADDRESS – NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE									PMB NO.		APT. NO.		
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE													

<p><b>1. Are you a United States citizen? Check "Yes" or "No"</b> ..</p> <p>If you checked "Yes," skip line 2 and go to line 3.</p> <p>If you checked "No," go to line 2.</p> <p><b>2. Benefit Eligibility for Noncitizens</b></p> <p>If you are not a citizen of the United States, go to page 19.</p> <p>If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then complete line 2b and line 2c.</p> <p style="text-align: center;">(example: <u>0 7 / 2 1 / 1 9 7 0</u> )</p> <p><b>3. Enter your date of birth</b> (example: <u>05 / 12 / 19 2 2</u> ) .....</p> <p><b>4. Check the appropriate box if you were <b>one</b> of the following on December 31, 1999:</b></p> <p style="margin-left: 40px;">A. 62 years or older</p> <p style="margin-left: 40px;">B. Under 62 and blind</p> <p style="margin-left: 40px;">C. Under 62 and disabled (not blind)</p> <p><i>See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.</i></p>	<p>• 1.</p> <p>• 2a.</p> <p>• 2b.</p> <p>• 2c.</p> <p>• 3.</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES             <input type="checkbox"/> NO           </div> <hr/> <p>Alien Status Code</p> <hr/> <p>Alien Registration Number</p> <p style="text-align: center;">/ /</p> <hr/> <p>Date of Entry</p> <p style="text-align: center;">/ /</p> <hr/> <p>Date of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div> <input type="radio"/>  <input type="radio"/>  <input type="radio"/> </div> </div>
--	--	---

5. Did you own and live in your home on December 31, 1999 ..... 5. ☐ YES ☐ NO  
 If "No," stop. You do **not** qualify for homeowner assistance.

a. Enter the **FULL value of your property** (after subtracting your homeowner's or veteran's exemption). See page 8 ..... ☐ 5a. \$ \_\_\_\_\_

6. Is your property used for rental and/or business as well as personal use? ..... ☐ 6. ☐ YES ☐ NO  
 If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 ..... ▶ 6a. \_\_\_\_\_ %

7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 8.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ☐ YES ☐ NO

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ☐ YES ☐ NO

Name \_\_\_\_\_ Relationship \_\_\_\_\_ ☐ YES ☐ NO

Enter your percentage of ownership ..... ▶ 7. \_\_\_\_\_ %

**STEP D**1999 income  
of you and  
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement .....	8.		
9. Interest and/or Dividends .....	9.		
10. Pensions and/or Annuities .....	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 .....	11.		
(full year total)			
12. Rental Income (or Loss). See page 9 .....	12.		
13. Business Income (or Loss). See page 9 (full year total)	13.		
14. Gain (or Loss) from sale of assets. See page 10 .....	14.		
15. Other Income (including wages). See page 10 .....	15.		
16. SUBTOTAL. Add line 8 through line 15 .....	16.		

**STEP E**1999 Income of  
other household  
members

17. Income of Other Household Members in 1999. See page 10. Do not include your income or the income of your spouse, minors, students, or renters ....	17.		
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**STEP F**1999 Total  
household  
income

18. SUBTOTAL. Add line 16 and line 17 .....	18.		
19. Adjustments to Income. See page 11. ....	19.		
20. TOTAL HOUSEHOLD INCOME IN 1999. Subtract line 19 from line 18 .....	20.		
If line 20 is more than \$33,993, stop. <b>You do not qualify.</b>			

**STEP G**Property tax  
paid and  
homeowner  
assistance  
claimed

21. PROPERTY TAX FOR 1999/2000 ..... <input type="radio"/> • 21.		
DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1999/2000 property tax bill.		

**You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you.**

22. Homeowner assistance claimed (cannot exceed \$326.40). See page 12 .....	22.	
---	-----	--

**STEP H**Signature,  
date, and  
telephone  
number

**Caution:** To avoid delay of your check, be sure to provide all requested information, sign below and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X \_\_\_\_\_ Date \_\_\_\_\_  
Claimant's signature

Claimant's Daytime Telephone Number (optional) ( ) \_\_\_\_\_

Paid  
Preparer's  
Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
			TELEPHONE ( )

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

# Homeowner Assistance Claim (for income received in 1999)

2000

9000

**STEP A**Name,  
address,  
and  
social  
security  
number

Use the peel-off label. Otherwise, please print or type.

CLAIMANT'S FIRST NAME	INITIAL	LAST NAME	CLAIMANT'S SOCIAL SECURITY NUMBER				
SPOUSE'S FIRST NAME	INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NUMBER				
PRESENT HOME ADDRESS - NUMBER AND STREET INCLUDING PO BOX OR RURAL ROUTE						PMB NO.	APT. NO.
CITY, TOWN, OR POST OFFICE, STATE AND ZIP CODE							

**STEP B**Filing  
Status

**1. Are you a United States citizen? Check "Yes" or "No" . . . • 1.** ☐ YES ☐ NO  
If you checked "Yes," skip line 2 and go to line 3.  
If you checked "No," go to line 2.

**2. Benefit Eligibility for Noncitizens • 2a.**  
If you are not a citizen of the United States, go to page 19.  
If you have a qualifying alien status for the United States,  
enter your alien status code from the chart on page 19 on  
line 2a. Then complete line 2b and line 2c.  
(example: 0 7/2 1/1 9 7 0) **• 2b.**  
**2c.**

**3. Enter your date of birth .(example: 05/12/1922) . . . • 3.**

**4. Check the appropriate box if you were **one** of the following on December 31, 1999:**

A. 62 years or older	• A	<input type="checkbox"/>	<input type="radio"/>
B. Under 62 and blind	• B	<input type="checkbox"/>	<input type="radio"/>
C. Under 62 and disabled (not blind)	• C	<input type="checkbox"/>	<input type="radio"/>

*See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.*

**STEP C**Property  
InformationComplete  
line 5  
through  
line 7.

**5. Did you own and live in your home on December 31, 1999 . . . • 5.** ☐ YES ☐ NO  
If "No," stop. You do **not** qualify for homeowner assistance.

**a. Enter the FULL value of your property** (after subtracting your homeowner's or veteran's exemption). See page 8 . . . • **5a.** \$ \_\_\_\_\_

**6. Is your property used for rental and/or business as well as personal use? . . . • 6.** ☐ YES ☐ NO  
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 8 . . . • **6a.** \_\_\_\_\_ %

**7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 8.**

Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name _____ Relationship _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Enter your percentage of ownership . . . • 7.** \_\_\_\_\_ %

*Did this person live in your home in 1999?*

**STEP D**1999 income  
of you and  
your spouse

On line 8 through line 15 enter your total household income for the 1999 calendar year. If you are married, include your spouse's income. On line 17, enter the total income of other household members.

		(Dollars)	(Cents)
8. Social Security and/or Railroad Retirement .....	8.		
9. Interest and/or Dividends .....	9.		
10. Pensions and/or Annuities .....	10.		
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 ..... (full year total)	11.		
12. Rental Income (or Loss). See page 9 .....	12.		
13. Business Income (or Loss). See page 9 (full year total)	13.		
14. Gain (or Loss) from sale of assets. See page 10 .....	14.		
15. Other Income (including wages). See page 10 .....	15.		
16. SUBTOTAL. Add line 8 through line 15 .....	16.		

**STEP E**1999 Income of  
other household  
members

17. Income of Other Household Members in 1999. See page 10. Do not include your income or the income of your spouse, minors, students, or renters ....	17.		
--	-----	--	--

**STEP F**1999 Total  
household  
income

18. SUBTOTAL. Add line 16 and line 17 .....	18.		
19. Adjustments to Income. See page 11. ....	19.		
20. TOTAL HOUSEHOLD INCOME IN 1999. Subtract line 19 from line 18 ..... • 20. If line 20 is more than \$33,993, stop. <b>You do not qualify.</b>	20.		

**STEP G**Property tax  
paid and  
homeowner  
assistance  
claimed

21. PROPERTY TAX FOR 1999/2000 ..... <input type="radio"/> • 21. DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS. See page 11. Attach a copy of your 1999/2000 property tax bill.	21.		
<b>You do not have to complete line 22. If you stop here, we will figure the amount of assistance for you.</b>			
22. Homeowner assistance claimed (cannot exceed \$326.40). See page 12 .....	22.		

**STEP H**Signature,  
date, and  
telephone  
number

**Caution:** To avoid delay of your check, be sure to provide all requested information, sign below and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X \_\_\_\_\_ Date \_\_\_\_\_  
Claimant's signature

Claimant's Daytime Telephone Number (optional) ( ) \_\_\_\_\_

Paid  
Preparer's  
Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN
		TELEPHONE ( )	

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

# Chart for Finding the Benefit Eligibility Code for Noncitizens

## Are you a United States citizen?

**Yes STOP.** You **must** check the “Yes” box on line 1 of form FTB 9000. You do not need to read this page.

**No** You **must** enter an eligibility code from the chart below on line 2a of form FTB 9000.

Follow the instructions below for determining your eligibility code.

## General Information

If you are not a United States citizen, you may file a claim for homeowner or renter assistance only if you meet the income and age, blindness, or disability requirements for assistance and, when you file your claim, you are one of the following:

- A qualified alien;
- A nonimmigrant alien under the Immigration and Nationality Act (INA); or
- An alien paroled into the United States under Section 212(d)(5) of the INA for less than one year.

These categories of aliens are described further by the Eligibility Code Chart for Noncitizens below.

Undocumented aliens and aliens not described below are not eligible to receive homeowner or renter assistance and should not complete a claim form.

## Instructions

If you are **not** a United States citizen, find the category listed below that accurately describes your presence or admission to the United States. Transfer the alien status code letter for that category to form FTB 9000, line 2a.

**Note:** If you have questions regarding your immigration status, contact your local Immigration and Naturalization Service (INS) office.

## Eligibility Code Chart for Noncitizens

If you are:	Use Alien Status Code:
<ul style="list-style-type: none"><li>• An alien lawfully admitted for permanent residence under the INA;</li><li>• An alien who (or whose child or child's parent) has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house; OR</li><li>• The child of an alien who has been battered or subjected to extreme cruelty in the United States by a spouse or parent or by a spouse or parent's family member living in the same house.</li></ul>	<b>B</b>
An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.	<b>C</b>
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of the INA (as amended by Section 305 (a) of Division C of Public Law 104-208).	<b>D</b>
An alien who is granted asylum under Section 208 of the INA.	<b>E</b>
A refugee admitted to the United States under Section 207 of the INA.	<b>F</b>
An alien paroled into the United States for one year or more under Section 212(d)(5) of the INA.	<b>G</b>
An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).	<b>H</b>
An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.	<b>I</b>
A nonimmigrant alien, as defined in Section 101(a)(15) of the INA, admitted under the INA (8 U.S.C. Section 1101...).	<b>J</b>

## You do not qualify for homeowner or renter assistance if:

- Your alien status is not described above.
- You are an undocumented alien. Undocumented aliens do not qualify for most public benefits, including homeowner and renter assistance.



## Toll-Free Phone Service

Our Toll-Free Phone Service is available 24 hours a day, 7 days a week for you to hear pre-recorded answers to many of your questions about Homeowner and Renter Assistance in English and Spanish. Have a paper and pencil ready to take notes.

Call:

From within the United States . . . . . (800) 338-0505

From outside the United States . . . . . (916) 845-6600 (not toll-free)

Select Homeowner and Renter Assistance, then General Information and enter the three-digit code when instructed. Answers to some of the General Information questions below may be found in your claim booklet on the page number referenced under the Booklet Page.

Code	General Information	Booklet Pages
800	What is homeowner assistance and what is the maximum amount a claimant can receive?	3
801	What is renter assistance and what is the maximum amount a claimant can receive?	3
802	Do I need to report my assistance payment as income on my California tax return?	
803	Who is eligible for homeowner assistance?	3-4
804	Who is eligible for renter assistance?	3-4
805	Can I file a claim for both homeowner and for renter assistance?	
806	Will the homeowner assistance create a lien on my house?	
807	When will I get my assistance check?	4
808	Can I file an assistance claim for past years?	4
810	How can I prove my age?	6
811	How can I prove my blindness or disability?	7
812	How do I compute my gross household income?	8-10
813	I have moved since I filed my claim form. How do I change my address?	
814	How do I correct my claim form?	
815	Who do I contact for my energy rebate?	
816	I need assistance on my property tax bill. Who do I contact?	
818	When should I file my current year claim?	4
819	Who do I contact about low-income housing?	
821	I live in a mobile home. Which claim form should I file?	
822	May I deduct my prior year Net Operating Loss (NOL)?	

## Where to Get Claim Forms

**By Internet** – If you have Internet access, you may download, view, and print claim forms and publications from our website at: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**By Phone** – You can order current year claim forms and publications by calling (800) 338-0505 and selecting

Homeowner and Renter Assistance Forms Request. Refer to the list below to find the code number for the form or publication you want to order:

Code	Homeowner and Renter Assistance Forms and Publications
700	Form FTB 9000, Homeowner Assistance Claim Booklet
701	Form FTB 9000R, Renter Assistance Claim Booklet
702	FTB 9000 AUD, Homeowner Assistance Claim Booklet on Audio Cassette
703	FTB 9000R AUD, Renter Assistance Claim Booklet on Audio Cassette
704	SCO 9003, 2000 Property Tax Postponement for Senior Citizens, Blind or Disabled Citizens
705	FTB Pub. 9050, Homeowner Assistance Renter Assistance & Property Tax Postponement
706	FTB Pub. 9051, Asistencia De Propietarios De Casa Asistencia De Inquilinos y Diferimiento De Impuestos De Propiedad
707	Form FTB 9106, Household Income Schedule
708	Form FTB 9225 C-1, Declaration of Citizenship, Alienage, and Immigration Status
709	Form FTB 9109, Cooperative Membership

## Where to Mail Your Claim Form

FRANCHISE TAX BOARD  
PO BOX 942886  
SACRAMENTO CA 94286-0904

## Additional Services

**Assistance for persons with disabilities**  
The FTB complies with provisions of the Americans with Disabilities Act. Persons with a hearing or speech impairment call:

From voice phone . . . . . (800) 735-2922 (California Relay Service)

From TTY/TDD . . . . . (800) 822-6268 (Direct line to FTB customer service)

For all other assistance or . . . . . (800) 852-5711 other accommodations

**Asistencia Bilingüe en español**  
Para obtener servicios en español y asistencia gratis para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Usted puede calificar para un reembolso de una parte de los impuestos sobre propiedad que usted paga si en Diciembre 31 de 1999, usted tenía 62 años (o mas) o estaba ciego o incapacitado, y fue dueño de la casa donde vivia, y su ingreso por año no fue mas de \$33,993 y usted es ya sea ciudadano de los Estados Unidos o un extranjero designado (incluyendo a extranjeros calificados) como se describe en la pagina 20 de este folleto.

Formularios para solicitar ésta asistencia deben ser entregados despues el 15 del Mayo y antes o en el 31 de Agosto.